Foster Family Home - Corrective Action Report

Provider ID:

1-510364

Home Name:

Jocelyn Ramelb, CNA

Review ID:

1-510364-6

94-1079 Lumiaina Street

Reviewer:

Angelica Galindo

Waipahu

HI 96797

Begin Date:

11/16/2018

End Date:

2/27/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/16/18. PCG requesting to increase to a 3 person bed CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 12/16/18. 6.(d)(1) - see applicable sections of the review

Foster Family Home

Fire Safety

[17-1454-45]

45.(a)

The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) - No record of fire drill conducted at night for 2017 in home binder.

Compliance Manager

Primary Care Giver

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11/16/2018 22:06 PM

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report

Chapter 17-1454

CCFFH Name: Ramell Adult Foster Home CCFFH Address: 94-1179 Lumiaina Star

Wan palm, Hi- 96MI			
Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45.6.2	Pire drill was done by Chaz. Form has been Fite into home binder	1	I will do Firedeil any fine of the day or night once a month o different Caregirers I will post a reminder for monthly firedrill by the Reprogenator to remind myself 9 other caregirers We will make supe to check all smake supe to check all smake objectors 9 fire daysing wisher to make supe that Thyarr all working properly. Fire alagem is also connected to HFD in Case of pine.
		1	

Primary Caregiver's Signature: Date of Signature: 12-24-18